



FAIRFAX COUNTY

DEPARTMENT OF FAMILY SERVICES
Office for Children • School Age Child Care
12011 Government Center Pkwy. – Suite 936
Fairfax, VA 22035 703-449-8989
FAX 703-653-1304
www.fairfaxcounty.gov/ofc

EMPLOYMENT VERIFICATION

Fairfax County provides child care assistance to low and moderate-income families. To be eligible for this program, working parents must document hours of work and income. Please complete all information requested below.

Section I: Employee to complete

Employee's Name: _____ SACC Account # _____

Employee's Address: _____
(street) (city) (zip)

Employee's Home Telephone: _____ Cell # _____

I authorize my employer to release information regarding my employment, salary and schedule.

Employee's signature Date

Section II: Manager/Supervisor Employer to complete:

1. _____ works for me _____ hours per week.
2. This employee's rate of pay is: \$ _____ per ☐ day ☐ week ☐ month
☐ bi-weekly (26 times/year) ☐ bi-monthly (24 times/year)
3. This employee ☐ **does** ☐ **does not** receive pay stubs (check one). Pay stubs will have to be submitted along with this form.

Work Schedule:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
(Example: 8-5)							

4. Employee's start date _____
5. Manager/supervisor's name/title (please print) _____
6. Company or organization name _____
7. Company address: _____
8. Employer's phone number: _____

I certify that this income information is a true and accurate statement of the financial status of my employee.

Manager/Supervisor's Signature: _____ Date: _____



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Reasonable accommodations made upon
request; call 703-449-1414 or TYY 711.



Fairfax County Department of
Family Services

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